

Conservatorship Cover Sheet

First Proposed Conservator/Petitioner:

Name:

Street Address:

City:

State:

Zip Code:

Home Phone Number:

Work Phone No.:

Social Security No.:

Driver's License No.:

Date of Birth:

Second Proposed Conservator:

Name:

Street Address:

City:

State:

Zip Code:

Home Phone Number:

Work Phone No.:

Social Security No.:

Driver's License No.:

Date of Birth:

How many people want to be Conservators?

1 ____

2 ____

Proposed Conservatee:

Name:

Street Address:

City:

State:

Zip Code:

Home Phone No.:

Date of Birth:

Social Security No.:

Conservatorship of the Person: ____ Estate: ____

**BEFORE YOU GO ON, PLEASE CHECK
YOUR SPELLING**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> <div style="display: flex; justify-content: space-between;"> <div>E-MAIL ADDRESS (Optional):</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>ATTORNEY FOR (Name):</div> <div></div> </div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	
CAPACITY DECLARATION—CONSERVATORSHIP	CASE NUMBER

TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER

The purpose of this form is to enable the court to determine whether the (proposed) conservatee *(check all that apply)*:

A. ☐ is able to attend a court hearing to determine whether a conservator should be appointed to care for him or her. The court hearing is set for (date): . *(Complete item 5, sign, and file page 1 of this form.)*

B. ☐ has the capacity to give informed consent to medical treatment. *(Complete items 6 through 8, sign page 3, and file pages 1 through 3 of this form.)*

C. ☐ has dementia and, if so, (1) whether he or she needs to be placed in a secured-perimeter residential care facility for the elderly, and (2) whether he or she needs or would benefit from dementia medications. *(Complete items 6 and 8 of this form and form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and form GC-335A.)*

(If more than one item is checked above, sign the last applicable page of this form or form GC-335A if item C is checked. File page 1 through the last applicable page of this form; also file form GC-335A if item C is checked.)

COMPLETE ITEMS 1–4 OF THIS FORM IN ALL CASES.

GENERAL INFORMATION

1. (Name):
2. (Office address and telephone number):
3. I am
 - a. ☐ a California licensed ☐ physician ☐ psychologist acting within the scope of my licensure ☐ with at least two years' experience in diagnosing dementia.
 - b. ☐ an accredited practitioner of a religion whose tenets and practices call for reliance on prayer alone for healing, which religion is adhered to by the (proposed) conservatee. The (proposed) conservatee is under my treatment. *(Religious practitioner may make the determination under item 5 ONLY.)*
4. (Proposed) conservatee (name):
 - a. I last saw the (proposed) conservatee on (date):
 - b. The (proposed) conservatee ☐ is ☐ is NOT a patient under my continuing treatment.

ABILITY TO ATTEND COURT HEARING

5. A court hearing on the petition for appointment of a conservator is set for the date indicated in item A above. *(Complete a or b.)*
 - a. ☐ The proposed conservatee is able to attend the court hearing.
 - b. ☐ Because of medical inability, the proposed conservatee is NOT able to attend the court hearing *(check all items below that apply)*
 - (1) ☐ on the date set *(see date in box in item A above)*.
 - (2) ☐ for the foreseeable future.
 - (3) ☐ until (date):
 - (4) **Supporting facts** *(State facts in the space below or check this box ☐ and state the facts in Attachment 5):*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of

CONSERVATORSHIP OF THE <input style="width: 30px;" type="checkbox"/> PERSON <input style="width: 30px;" type="checkbox"/> ESTATE OF (Name): <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	CASE NUMBER: <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
<input style="width: 30px;" type="checkbox"/> CONSERVATEE <input style="width: 30px;" type="checkbox"/> PROPOSED CONSERVATEE	

6. EVALUATION OF (PROPOSED) CONSERVATEE'S MENTAL FUNCTIONS

Note to practitioner: This form is *not* a rating scale. It is intended to assist you in recording your *impressions* of the (proposed) conservatee's mental abilities. Where appropriate, you may refer to scores on standardized rating instruments.

(Instructions for items 6A–6C): Check the appropriate designation as follows: **a** = no apparent impairment; **b** = moderate impairment; **c** = major impairment; **d** = so impaired as to be incapable of being assessed; **e** = I have no opinion.)

A. Alertness and attention

- (1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (2) Orientation (types of orientation impaired)
 a ☐ b ☐ c ☐ d ☐ e ☐ Person
 a ☐ b ☐ c ☐ d ☐ e ☐ Time (day, date, month, season, year)
 a ☐ b ☐ c ☐ d ☐ e ☐ Place (address, town, state)
 a ☐ b ☐ c ☐ d ☐ e ☐ Situation ("Why am I here?")
- (3) Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle)
 a ☐ b ☐ c ☐ d ☐ e ☐

B. Information processing. Ability to:

- (1) Remember (ability to remember a question before answering; to recall names, relatives, past presidents, and events of the past 24 hours)
 - i. Short-term memory a ☐ b ☐ c ☐ d ☐ e ☐
 - ii. Long-term memory a ☐ b ☐ c ☐ d ☐ e ☐
 - iii. Immediate recall a ☐ b ☐ c ☐ d ☐ e ☐
- (2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, etc.)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (5) Reason using abstract concepts. (deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (6) Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest (deficits reflected by inability to break complex tasks down into simple steps and carry them out)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (7) Reason logically.
 a ☐ b ☐ c ☐ d ☐ e ☐

C. Thought disorders

- (1) Severely disorganized thinking (rambling thoughts; nonsensical, incoherent, or nonlinear thinking)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (2) Hallucinations (auditory, visual, olfactory)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (3) Delusions (demonstrably false belief maintained without or against reason or evidence)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior).
 a ☐ b ☐ c ☐ d ☐ e ☐

(Continued on next page)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____	CASE NUMBER: _____
_____ <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

6. (continued)

- D. **Ability to modulate mood and affect.** The (proposed) conservatee ☐ has ☐ does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. (If so, complete remainder of item 6D.) ☐ I have no opinion.

(Instructions for item 6D: Check the degree of impairment of each inappropriate mood state (if any) as follows: a = mildly inappropriate; b = moderately inappropriate; c = severely inappropriate.)

Anger	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Euphoria	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Helplessness	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Anxiety	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Depression	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Apathy	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Fear	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Hopelessness	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Indifference	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Panic	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Despair	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>				

- E. The (proposed) conservatee's periods of impairment from the deficits indicated in items 6A–6D

- (1) ☐ do NOT vary substantially in frequency, severity, or duration.
 (2) ☐ do vary substantially in frequency, severity, or duration (*explain; continue on Attachment 6E if necessary*):

- F. ☐ (Optional) Other information regarding my evaluation of the (proposed) conservatee's mental function (e.g., diagnosis, symptomatology, and other impressions) is ☐ stated below ☐ stated in Attachment 6F.

ABILITY TO CONSENT TO MEDICAL TREATMENT

7. Based on the information above, it is my opinion that the (proposed) conservatee
- ☐ has the capacity to give informed consent to any form of medical treatment. This opinion is limited to medical consent capacity.
 - ☐ lacks the capacity to give informed consent to any form of medical treatment because he or she is **either** (1) unable to respond knowingly and intelligently regarding medical treatment **or** (2) unable to participate in a treatment decision by means of a rational thought process, **or both**. The deficits in the mental functions described in item 6 above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of medical decisions. This opinion is limited to medical consent capacity.

(Declarant must initial here if item 7b applies: _____.)

8. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
--	----------------------

**ATTACHMENT TO FORM GC-335, CAPACITY DECLARATION—CONSERVATORSHIP,
ONLY FOR (PROPOSED) CONSERVATEE WITH DEMENTIA**

9. It is my opinion that the (proposed) conservatee ☐ HAS ☐ does NOT have dementia as defined in the current edition of *Diagnostic and Statistical Manual of Mental Disorders*.
- a. ☐ **Placement of (proposed) conservatee.** *(If the (proposed) conservatee requires placement in a secured-perimeter residential care facility for the elderly, please complete items 9a(1)–9a(5).)*
- (1) The (proposed) conservatee needs or would benefit from placement in a restricted and secure facility because *(state reasons; continue on Attachment 9a(1) if necessary)*:

 - (2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of form GC-335, include *(describe; continue on Attachment 9a(2) if necessary)*:

 - (3) ☐ The (proposed) conservatee HAS capacity to give informed consent to this placement.
 - (4) ☐ The (proposed) conservatee does NOT have capacity to give informed consent to this placement. The deficits in mental function assessed in item 6 of form GC-335 and described in item 9a(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of his or her actions with regard to giving informed consent to placement in a restricted and secure environment.
 - (5) A locked or secured-perimeter facility ☐ is ☐ is NOT the least restrictive environment appropriate to the needs of the (proposed) conservatee.
- b. ☐ **Administration of dementia medications.** *(If the (proposed) conservatee requires administration of psychotropic medications appropriate to the care of dementia, please complete items 9b(1)–9b(5).)*
- (1) The (proposed) conservatee needs or would benefit from the following psychotropic medications appropriate to the care of dementia, for the reasons stated in item 9b(5) *(list medications; continue on Attachment 9b(1) if necessary)*:

 - (2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of form GC-335, include *(describe; continue on Attachment 9b(2) if necessary)*:

 - (3) ☐ The (proposed) conservatee HAS capacity to give informed consent to the administration of psychotropic medications appropriate to the care of dementia.
 - (4) ☐ The (proposed) conservatee does NOT have the capacity to give informed consent to the administration of psychotropic medications appropriate to the care of dementia. The deficits in mental function assessed in item 6 of form GC-335 and described in item 9b(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate his or her actions with regard to giving informed consent to the administration of psychotropic medications for the treatment of dementia.
 - (5) The (proposed) conservatee needs or would benefit from the administration of the psychotropic medications listed in item 9b(1) because *(state reasons; continue on Attachment 9b(5) if necessary)*:

10. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CONSERVATORSHIP OF (Name): _____ <div style="text-align: right;">CONSERVATEE</div>	
DUTIES OF CONSERVATOR and Acknowledgment of Receipt of Handbook	CASE NUMBER: _____

DUTIES OF CONSERVATOR

When you are appointed by the court as a conservator, you become responsible to the court and assume certain duties and obligations. All of your actions as conservator are subject to review by the court. An attorney is best qualified to advise you about these matters. You should clearly understand the information on this form. You will find additional information in the **Judicial Council Handbook for Conservators**, which you are required by law to possess.

I. THE CONSERVATEE'S RIGHTS

A conservatee does not lose all rights or all voice in important decisions affecting his or her way of life. All conservatees have the right to be treated with understanding and respect, the right to have their wishes considered, and the right to be well cared for by you. A conservatee generally keeps the right to (1) control his or her own salary, (2) make or change a will, (3) marry, (4) receive personal mail, (5) be represented by a lawyer, (6) ask a judge to change conservators, (7) ask a judge to end the conservatorship, (8) vote, unless a judge decides the conservatee is not capable of exercising this right, (9) control personal spending money, if a judge has authorized an allowance, and (10) make his or her own medical decisions, unless a judge has taken away that right and given it to you. Ask your attorney what rights the conservatee does not have and consult your attorney when you are in doubt.

II. CONSERVATOR OF THE PERSON

If the court appoints you as conservator of the person, you will arrange for the conservatee's care and protection, decide where the conservatee will live, and make arrangements for the conservatee's health care, meals, clothing, personal care, housekeeping, transportation, and recreation.

1. ASSESS THE CONSERVATEE'S NEEDS

You must assess the conservatee's needs and decide how to meet them.

2. DECIDE WHERE THE CONSERVATEE WILL LIVE

You may decide where the conservatee will live, but you must choose the "least restrictive," appropriate living situation that is safe and comfortable and allows the conservatee as much independence as possible. You must not move the conservatee from the state or place the conservatee involuntarily in a mental health treatment facility without permission of the court. You must notify the court of each change of the conservatee's address and your address. If you are authorized to place the conservatee in a secure facility because of dementia, you must be sure that the placement is appropriate, meets all special needs, and is the least restrictive.

3. PROVIDE MEDICAL CARE TO THE CONSERVATEE

You are responsible for ensuring that the conservatee's health needs are met. You may not, however, give or withhold consent for medical treatment over the conservatee's objection **unless** the court has given you exclusive authority to consent because the conservatee has lost the ability to make sound medical choices. If you have the authority to approve the use of psychotropic medications to treat dementia and the behaviors associated with it, you should be sure that other, less intrusive treatment options are explored first.

CONSERVATORSHIP OF (Name): 	CASE NUMBER:
CONSERVATEE	

II. CONSERVATOR OF THE PERSON (*continued*)

4. WORK WITH THE CONSERVATOR OF THE ESTATE

If someone else is handling the conservatee's assets, the two of you must work together to be sure the conservatee can afford the care you arrange. Purchases you make for the conservatee must be approved by the conservator of the estate or you may not be reimbursed.

5. CONSULT YOUR ATTORNEY AND OTHER RESOURCES

Your attorney will advise you on your duties, the limits of your authority, the rights of the conservatee, and your dealings with the court. If you have legal questions, check with your attorney, not the court staff. Other questions may be answered better and less expensively by calling on local community resources. (To find these resources, see the *Handbook for Conservators* and the local supplement distributed by the court.)

III. CONSERVATOR OF THE ESTATE

If the court appoints you as conservator of the estate, you will manage the conservatee's finances, protect the conservatee's income and assets, make an inventory of the conservatorship estate's assets, develop a working plan to ensure that the conservatee's needs are met, make sure the conservatee's bills are paid, invest the conservatee's money, see that the conservatee is receiving all the income and benefits he or she is entitled to, ensure that tax returns are filed on time, keep accurate financial records, and regularly report your financial accounts to the court. (Note: The assets and finances of the conservatee are known as "the estate.")

1. MANAGING THE ESTATE'S ASSETS

a. Prudent investments

You must manage the estate assets with the care of a prudent person dealing with someone else's property. This means you must be cautious and you may not make any speculative investments.

b. Keep estate assets separate from anyone else's

You must keep the money and property in this estate separate from anyone else's, including your own. When you open a bank account for the estate, the account name must indicate that it is a *conservatorship* account and not your personal account. Never deposit estate funds in your personal account or otherwise mix them with your or anyone else's property, even for brief periods. Securities in the estate must be held in a name that shows they are estate property and not your personal property.

c. Interest-bearing accounts and other investments

Except for checking accounts intended for ordinary administration expenses, estate accounts must earn interest. You may deposit estate funds in insured accounts in financial institutions, but you should not put more than \$100,000 in one institution. Consult with an attorney before making other kinds of investments.

d. Other restrictions

There are many other restrictions on your authority to deal with estate assets. Without prior order of the court, you may not pay fees to yourself or to your attorney, make a gift of estate assets, or borrow from the estate. If you do not obtain the court's permission when it is required, you may be removed as conservator or you may be required to reimburse the estate from your own personal funds, or both. You should consult with an attorney concerning the legal requirements affecting sales, leases, mortgages, and investments of estate property.

2. INVENTORY OF ESTATE PROPERTY

a. Locate the estate's property

You must locate, take possession of, and protect all the conservatee's income and assets that will be administered in the estate. You should change the ownership of most assets of the conservatorship into the conservatorship estate's name. For real estate, you must record a copy of your *Letters of Conservatorship* with the county recorder in each county where the conservatee owns real property.

b. Determine the value of the property

You must arrange to have a court-appointed referee determine the value of the property unless the appointment is waived by the court. You, rather than the referee, must determine the value of certain "cash items." An attorney can advise you about how to do this.

c. File an inventory and appraisal

Within 90 days after your appointment as conservator, you must file with the court an inventory and appraisal of all the assets in the estate.

CONSERVATORSHIP OF (Name): 	CASE NUMBER:
CONSERVATEE	

III. CONSERVATOR OF THE ESTATE (*continued*)

3. INSURANCE

You should determine that there is appropriate and adequate insurance covering the assets and risks of the estate. Maintain the insurance in force during the entire period of the administration (except for assets after they are sold).

4. RECORD KEEPING

a. Keep an accounting

You must keep complete and accurate records of each financial transaction affecting the estate. The checkbook for the conservatorship checking account is your indispensable tool for keeping records of income and expenditures. You will have to prepare an accounting of all money and property you have received, what you have spent, the date of each transaction, and its purpose. You must describe in detail what you have left after you pay the estate's expenses.

b. Court review of your records

You must file a petition requesting that the court review and approve your accounting one year after your appointment and at least every two years after that. Save your receipts because the court may ask to review them also. If you do not file your accountings as required, the court will order you to do so. You may be removed as conservator if you fail to comply.

5. CONSULTING AN ATTORNEY

Your attorney will advise you and help prepare your inventories, accountings, and petitions to the court. If you have questions, check with your attorney, not the court staff. You should cooperate with your attorney at all times. **When in doubt, contact your attorney.**

IV. DUTY TO DISCLOSE

If you are the spouse of the conservatee, you must disclose to the court the filing of any action or proceeding against the conservatee for (1) legal separation, (2) dissolution of marriage, (3) annulment, or (4) adjudication of nullity of marriage. The disclosure must be made within 10 days of the initial filing of the action or proceeding by filing a notice with the court and serving notice according the Probate Code.

V. LIMITED CONSERVATOR (for the developmentally disabled only)

1. AUTHORITY SPECIFIED IN YOUR LETTERS

If the court appoints you as limited conservator, you will have authority to take care of **only** those aspects of the conservatee's life and financial affairs specified in your *Letters of Conservatorship* and the court's order appointing you. The conservatee retains all other legal and civil rights. Although most of the information provided in this form also applies to limited conservatorships (especially the duties of the conservator of the person), you should clarify with your attorney exactly which information applies in your case.

2. DUTY TO HELP CONSERVATEE DEVELOP SELF-RELIANCE

You must secure treatment, services, and opportunities that will assist the limited conservatee to develop maximum self-reliance and independence. This assistance may include training, education, medical and psychological services, social opportunities, vocational opportunities, and other appropriate help.

VI. TEMPORARY CONSERVATOR

If the court appoints you as temporary conservator, you will generally have the same duties and authority as general conservators **except** the conservatorship will end on the date specified in your *Letters of Temporary Conservatorship*. Most of the information in this form also applies to temporary conservatorships, but you must consult your attorney about which duties you will **not** perform because of the limited time. A temporary conservator should avoid making long-term decisions or changes that could safely wait until a general conservator is appointed. As temporary conservator, you may not move a conservatee from his or her home or sell or give away the conservatee's home or any other assets without court approval.

Sign the *Acknowledgment of Receipt* on page four.

CONSERVATORSHIP OF (Name): <div style="border-bottom: 1px solid black; height: 1.2em; width: 90%; margin-top: 5px;"></div> <div style="text-align: right; margin-top: 10px;">CONSERVATEE</div>	CASE NUMBER:
---	--------------

ACKNOWLEDGMENT OF RECEIPT
 of *Duties of Conservator* and *Handbook for Conservators*
 (Probate Code, § 1834)

1. I have petitioned the court to be appointed as conservator.
2. I acknowledge that I have received this statement of the duties and liabilities of the office of conservator (*Duties of Conservator* form) and the *Handbook for Conservators* adopted by the Judicial Council.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

	▶	
(TYPE OR PRINT NAME)		(SIGNATURE OF PETITIONER)

Date:

	▶	
(TYPE OR PRINT NAME)		(SIGNATURE OF PETITIONER)

Date:

	▶	
(TYPE OR PRINT NAME)		(SIGNATURE OF PETITIONER)

NOTICE

This statement of duties and liabilities is a summary and is not a complete statement of the law. Your conduct as a conservator is governed by the law itself and not by this summary or by the Judicial Council *Handbook for Conservators*. When in doubt, consult your attorney.

GC-314

1. **Proposed conservator (name):**
a. Date of birth:
c. Social security number: d. Driver's license number: State:
e. Telephone numbers: Home: Work: Other:
2. a. ☐ I am related to the proposed conservatee as *(specify relationship)*:
b. ☐ I have personally known the proposed conservatee for: years, months.
3. ☐ I was ☐ I was not nominated as conservator of the ☐ person ☐ estate of the proposed conservatee, by ☐ the proposed conservatee. ☐ the spouse or registered domestic partner of the proposed conservatee. ☐ a parent of the proposed conservatee. *(If you checked "I was," provide documentation in Attachment 3.)*
4. a. ☐ I am the spouse of the proposed conservatee. ☐ I have ☐ I have not filed for legal separation, dissolution of marriage, annulment, or adjudication of nullity of the marriage. *(If you checked "I have," explain in Attachment 4.)*
b. ☐ I am not the spouse of the proposed conservatee.
5. a. ☐ I am the registered domestic partner of the proposed conservatee. ☐ I do not ☐ I do intend to terminate my domestic partnership with the proposed conservatee. *(If you checked "I do," explain in Attachment 5.)*
b. ☐ I am a former domestic partner of the proposed conservatee. My domestic partnership with the proposed conservatee was terminated on *(date)*: . *(Explain circumstances in Attachment 5.)*
c. ☐ I am neither a current nor former domestic partner of the proposed conservatee.
6. a. ☐ I do ☐ I do not owe money or have a financial obligation to the proposed conservatee. *(If you checked "I do," explain in Attachment 6.)*
b. The proposed conservatee ☐ does ☐ does not owe money or have a financial obligation to me. *(If you checked "does," explain in Attachment 6.)*
c. ☐ I am ☐ I am not an agent for a creditor of the proposed conservatee. *(If you checked "I am," explain in Attachment 6.)*

CONSERVATORSHIP OF <i>(Name):</i> <div style="text-align: right; padding-right: 10px;">PROPOSED CONSERVATEE</div>	CASE NUMBER:
--	----------------------

7. ☐ I have ☐ I have not filed for bankruptcy protection within the last 10 years. *(If you checked "I have," explain in Attachment 7.)*
8. ☐ I have ☐ I have not been convicted of a felony or had a felony expunged from my record. *(If you checked "I have," explain in Attachment 8.)*
9. ☐ I have ☐ I have not been charged with, arrested for, or convicted of embezzlement, theft, or any other crime involving the taking of property. *(If you checked "I have," explain in Attachment 9.)*
10. ☐ I have ☐ I have not been charged with, arrested for, or convicted of a crime involving fraud, conspiracy, or misrepresentation of information. *(If you checked "I have," explain in Attachment 10.)*
11. ☐ I have ☐ I have not been charged with, arrested for, or convicted of any form of elder abuse or neglect. *(If you checked "I have," explain in Attachment 11.)*
12. ☐ I have ☐ I have not had a restraining order or protective order filed against me in the last 10 years. *(If you checked "I have," explain in Attachment 12.)*
13. ☐ I am ☐ I am not required to register as a sex offender under California Penal Code section 290. *(If you checked "I am," explain in Attachment 13.)*
14. ☐ I have ☐ I have not previously been appointed conservator, executor, or fiduciary in another proceeding. *(If you checked "I have," explain in Attachment 14.)*
15. ☐ I have ☐ I have not been removed or resigned as a conservator, guardian, executor, or fiduciary in any other case. *(If you checked "I have," explain in Attachment 15.)*
16. ☐ I have or may have ☐ I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of conservator. *(If you checked "I have or may have," explain in Attachment 16.)*
17. ☐ I am ☐ I am not a private professional conservator, as defined in Probate Code section 2341.
 ☐ I have ☐ I have not filed with the court the information statement required by Probate Code section 2342. *(If you checked "I am" and "I have not," explain in Attachment 17.)*
18. ☐ I am ☐ I am not currently registered with the Statewide Registry of Conservators/Guardians/Trustees maintained by the California Department of Justice under Probate Code sections 2850–2855.
 My current registration will expire on *(date)*:
 (If you checked "I am not," explain why you are not registered in Attachment 18.)
19. ☐ I am ☐ I am not a responsible corporate officer authorized to act for *(name of corporation)*:

 a California nonprofit charitable corporation that meets the requirements for appointment as conservator of the proposed conservatee under Probate Code section 2104. I certify that the corporation's articles of incorporation specifically authorize it to accept appointments as conservator. *(If you checked "I am," explain the circumstances of the corporation's care of, counseling of, or financial assistance to the proposed conservatee in Attachment 19.)*
20. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?
 ☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 20 and provide the name, address, and telephone number of each social worker, parole officer, or probation officer.)*

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> (TYPE OR PRINT NAME OF PROPOSED CONSERVATOR)	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: right; margin-right: 20px;">▶</div> (SIGNATURE OF PROPOSED CONSERVATOR)*
---	---

*Each proposed conservator must fill out and file a separate screening form.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER: <div style="display: flex; justify-content: space-between;"> <div>HEARING DATE AND TIME:</div> <div>DEPT.:</div> </div>
CONSERVATORSHIP OF (Name): <div style="text-align: right;">(PROPOSED) CONSERVATEE</div>	
PETITION FOR APPOINTMENT OF <input type="checkbox"/> SUCCESSOR PROBATE CONSERVATOR OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> Limited Conservatorship	

1. **Petitioner (name):**

requests that

- a. (Name):
(Address):

(Telephone):

be appointed ☐ successor ☐ conservator ☐ limited conservator
of the PERSON of the (proposed) conservatee and Letters issue upon qualification.

- b. (Name):
(Address):

(Telephone):

be appointed ☐ successor ☐ conservator ☐ limited conservator
of the ESTATE of the (proposed) conservatee and Letters issue upon qualification.

- c. (1) ☐ bond not be required ☐ because the proposed ☐ successor conservator is a corporate fiduciary or an exempt government agency. ☐ for the reasons stated in Attachment 1c.
- (2) ☐ bond be fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by law. (Specify reasons in Attachment 1c if the amount is different from the minimum required by Probate Code section 2320.)
- (3) ☐ \$ _____ in deposits in a blocked account be allowed. Receipts will be filed. (Specify institution and location):
- d. ☐ orders authorizing independent exercise of powers under Probate Code section 2590 be granted. Granting the proposed ☐ successor conservator of the estate powers to be exercised independently under Probate Code section 2590 would be to the advantage and benefit and in the best interest of the conservatorship estate. (Specify orders, powers, and reasons in Attachment 1d.)
- e. ☐ orders relating to the capacity of the (proposed) conservatee under Probate Code section 1873 or 1901 be granted. (Specify orders, facts, and reasons in Attachment 1e.)
- f. ☐ orders relating to the powers and duties of the proposed ☐ successor conservator of the person under Probate Code sections 2351–2358 be granted. (Specify orders, facts, and reasons in Attachment 1f.)
- g. ☐ the (proposed) conservatee be adjudged to lack the capacity to give informed consent for medical treatment or healing by prayer and that the proposed ☐ successor conservator of the person be granted the powers specified in Probate Code section 2355. (Complete item 9 on page 5.)

Do NOT use this form for a temporary conservatorship.

CONSERVATORSHIP OF (Name): <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	CASE NUMBER: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
CONSERVATEE	

1. h. ☐ (for limited conservatorship only) orders relating to the powers and duties of the proposed ☐ successor * limited conservator of the person under Probate Code section 2351.5 be granted. (Specify orders, powers, and duties in Attachment 1h and complete item 1j.)
- i. ☐ (for limited conservatorship only) orders relating to the powers and duties of the proposed ☐ successor * limited conservator of the estate under Probate Code section 1830(b) be granted. (Specify orders, powers, and duties in Attachment 1i and complete item 1j.)
- j. ☐ (for limited conservatorship only) orders limiting the civil and legal rights of the (proposed) limited conservatee be granted. (Specify limitations in Attachment 1j.)
- k. ☐ orders related to dementia placement or treatment as specified in the *Attachment Requesting Special Orders Regarding Dementia* (form GC-313) under Probate Code section 2356.5 be granted. A *Capacity Declaration—Conservatorship* (form GC-335) and *Dementia Attachment to Capacity Declaration—Conservatorship* (form GC-335A), executed by a licensed physician or by a licensed psychologist acting within the scope of his or her licensure with at least two years experience diagnosing dementia, ☐ are filed herewith. ☐ will be filed before the hearing. ☐ (appointment of successor conservator only) will not be filed because an order relating to dementia placement or treatment was filed on (date): . That order has neither expired by its terms nor been revoked.
- l. ☐ other orders be granted. (Specify in Attachment 1l.)
2. **(Proposed) conservatee** is (name):
(Present address):

(Telephone):
3. a. ☐ **Jurisdictional facts** (initial appointment only): The proposed conservatee has no conservator in California and is a
- (1) ☐ resident of California and
- (a) ☐ a resident of this county.
- (b) ☐ not a resident of this county, but commencement of the conservatorship in this county is in the best interests of the proposed conservatee. (Specify reasons in Attachment 3a.)
- (2) ☐ nonresident of California but
- (a) ☐ is temporarily living in this county, or
- (b) ☐ has property in this county, or
- (c) ☐ commencement of the conservatorship in this county is in the best interest of the proposed conservatee. (Specify reasons in Attachment 3a.)
- b. **Petitioner**
- (1) ☐ is ☐ is not a **creditor** or an agent of a creditor of the (proposed) conservatee.
- (2) ☐ is ☐ is not a **debtor** or an agent of a debtor of the (proposed) conservatee.
- c. **Proposed** ☐ **successor conservator** is (check all that apply):
- (1) ☐ a nominee. (Affix nomination as Attachment 3c.)
- (2) ☐ the spouse of the (proposed) conservatee.
- (3) ☐ the domestic partner or former domestic partner of the (proposed) conservatee.
- (4) ☐ a relative of the (proposed) conservatee as (specify relationship):
- (5) ☐ a bank ☐ other entity authorized to conduct the business of a trust company.
- (6) ☐ a nonprofit charitable corporation that meets the requirements of Probate Code section 2104.
- (7) ☐ a private professional conservator, as defined in Probate Code section 2341, who has filed with the court the information statement required by Probate Code section 2342.
- (8) (a) ☐ registered with the Statewide Registry of Private Conservators, Guardians, and Trustees maintained by the California Department of Justice under Probate Code sections 2850–2855. The current registration declaration on file will expire on (date):
- (b) ☐ exempt from statewide registration under Probate Code section (specify):
(Explain basis for exemption in Attachment 3c.)
- (9) ☐ other (specify):

* See Item 5b on page 3.

CONSERVATORSHIP OF (Name): <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	CASE NUMBER: <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
CONSERVATEE	

3. d. **Petitioner** is

- (1) ☐ the (proposed) conservatee.
- (2) ☐ the spouse of the (proposed) conservatee.
- (3) ☐ the domestic partner or former domestic partner of the (proposed) conservatee.
- (4) ☐ a relative of the (proposed) conservatee as *(specify relationship)*:
- (5) ☐ a bank ☐ other entity authorized to conduct the business of a trust company.
- (6) ☐ a state or local public entity, officer, or employee.
- (7) ☐ an interested person or friend of the (proposed) conservatee.
- (8) ☐ the proposed ☐ successor conservator.
- (9) ☐ the guardian of the proposed conservatee.

e. **Character and estimated value of the property of the estate** *(complete items (1) or (2) and (3), (4), and (5)):*

- (1) ☐ *(For appointment of successor conservator only, if complete Inventory and Appraisal filed by predecessor):*
 Personal property: \$ _____, per Inventory and Appraisal filed in this proceeding on
(specify dates of filing of all inventories and appraisals):

(2) ☐ Estimated value of personal property: \$ _____

(3) Annual gross income from

- (a) real property: \$ _____
- (b) personal property: \$ _____
- (c) pensions: \$ _____
- (d) wages: \$ _____
- (e) public assistance benefits: \$ _____
- (f) other: \$ _____

(4) **Total** of (1) or (2) and (3): \$ _____

(5) Real property: \$ _____

- (a) ☐ per Inventory and Appraisal identified in item (1).
- (b) ☐ estimated value.

4. **(Proposed) conservatee**

- a. ☐ is ☐ is not a patient in or on leave of absence from a state institution under the jurisdiction of the California Department of Mental Health or the California Department of Developmental Services *(specify state institution)*:
- b. ☐ is receiving or entitled to receive ☐ is neither receiving nor entitled to receive benefits from the U.S. Department of Veterans Affairs *(estimate amount of monthly benefit payable)*: \$ _____
- c. ☐ is ☐ is not able to complete an affidavit of voter registration.

5. a. ☐ **Proposed conservatee** *(initial appointment of conservator only)*

- (1) ☐ is an adult.
- (2) ☐ will be an adult on the effective date of the order *(date)*:
- (3) ☐ is a married minor.
- (4) ☐ is a minor whose marriage has been dissolved.

b. ☐ **Vacancy in office of conservator** *(appointment of successor conservator only. A petition for appointment of a limited conservator after the death of a predecessor is a petition for initial appointment. (Prob. Code, § 1860.5(a)(1).)*

There is a vacancy in the office of conservator of the ☐ person ☐ estate for the reasons
☐ specified in Attachment 5b. ☐ specified below.

CONSERVATORSHIP OF <i>(Name)</i> : <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER:
---	--------------

5. c. **(Proposed) conservatee** requires a conservator and is

- (1) ☐ unable to properly provide for his or her personal needs for physical health, food, clothing, or shelter.
 Supporting facts are ☐ specified in Attachment 5c(1) ☐ as follows:

- (2) ☐ substantially unable to manage his or her financial resources or to resist fraud or undue influence.
 Supporting facts are ☐ specified in Attachment 5c(2) ☐ as follows:

- GC-310 [Rev. January 1, 2006]

CONSERVATEE

Page 6 of 6

CONSERVATORSHIP OF (Name):

CASE NUMBER:

CONSERVATEE

ATTACHMENT REQUESTING SPECIAL ORDERS REGARDING DEMENTIA
(Petition for Exclusive Authority to Give Consent for Medical Treatment (form GC-380))
(Petition for Appointment of Probate Conservator (form GC-310))

1. Petitioner **requests** that the conservator of the person be authorized
 - a. ☐ to place the conservatee in a secured perimeter residential care facility for the elderly operated under Health and Safety Code section 1569.698 and which has a care plan that meets the requirements of California Code of Regulations, title 22, section 87724.
 - b. ☐ to authorize the administration of medications appropriate for the care and treatment of dementia.
2. The conservatee or proposed conservatee has dementia as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.
3. A medical declaration executed by a licensed physician, or a licensed psychologist acting within the scope of his or her licensure with at least two years experience in diagnosing dementia,
 - a. ☐ has been filed.
 - b. ☐ will be filed before the hearing.
4. ☐ *Restricted placement.* The conservatee needs or would benefit from placement as requested in item 1a. The conservatee lacks capacity to give informed consent to this placement. The placement requested is the least restrictive placement appropriate to the needs of the conservatee.
5. ☐ *Dementia medications.* The conservatee needs or would benefit from medications appropriate to the care and treatment of dementia. The conservatee lacks capacity to give informed consent to the administration of those medications.

SHORT TITLE: 	CASE NUMBER:
----------------------	----------------------

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27

(Required for verified pleading) The items on this page stated on information and belief are (specify item numbers, **not** line numbers):

This page may be used with any Judicial Council form or any other paper filed with the court.

Page _____

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. <i>(Optional):</i></div> </div> E-MAIL ADDRESS <i>(Optional):</i> ATTORNEY FOR <i>(Name):</i>	FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CONSERVATORSHIP OF <i>(Name):</i> <div style="text-align: right;">PROPOSED CONSERVATEE</div>		
<div style="text-align: center;"> CONFIDENTIAL SUPPLEMENTAL INFORMATION (Probate Conservatorship) </div> Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship		
1. a. Proposed conservatee <i>(name):</i> b. Date of birth: c. Social security No.:		CASE NUMBER:
2. <input type="checkbox"/> UNABLE TO PROVIDE FOR PERSONAL NEEDS* The following facts support petitioner's allegation that the proposed conservatee is unable to provide properly for his or her needs for physical health, food, clothing, and shelter <i>(specify in detail, enlarging upon the reasons stated in the petition; provide specific examples from the proposed conservatee's daily life showing significant behavior patterns):</i> <input type="checkbox"/> Specified in Attachment 2.		HEARING DATE:
		DEPT.: TIME:

* If this item is not applicable, complete item 8.

CONFIDENTIAL

CONSERVATORSHIP OF (Name):	CASE NUMBER:
PROPOSED CONSERVATEE	

3. ☐ UNABLE TO MANAGE FINANCIAL RESOURCES* The following facts support petitioner's allegation that the proposed conservatee is substantially unable to manage his or her financial resources or to resist fraud or undue influence (*specify in detail, enlarging upon the reasons stated in the petition; provide specific examples from the proposed conservatee's daily life showing significant behavior patterns*): ☐ Specified in Attachment 3.

4. RESIDENCE ("Residence" means the place usually described as "home"; for example, owned real property or long-term rental.)

a. The proposed conservatee is **located** at (*street address, city, state*):

b. The proposed conservatee's **residence** is* ☐ the address in item 4a ☐ other (*street address, city, state*):

c. **Ability to live in residence*** The proposed conservatee is

(1) ☐ **living** in his or her residence and

(a) ☐ will continue to live there unless circumstances change.

(b) ☐ will need to be moved after a conservator is appointed (*specify supporting facts below in item 4c(3)*).

(c) ☐ other (*specify and give supporting facts below in item 4c(3)*).

* If this item is not applicable, complete item 8.

(Continued on page three)

CONFIDENTIAL

CONSERVATORSHIP OF (Name): _____	CASE NUMBER: _____
PROPOSED CONSERVATEE	

4. c. (continued)

(2) ☐ **not living** in his or her residence and

(a) ☐ will return by (date):

(specify supporting facts below in item 4c(3)).

(b) ☐ will not return to live there (specify supporting facts below in item 4c(3)).

(c) ☐ other (specify and give supporting facts below in item 4c(3)).

(3) ☐ Supporting facts (specify if required): ☐ Specified in Attachment 4c.

5. ALTERNATIVES TO CONSERVATORSHIP* Petitioner has considered the following alternatives to conservatorship and found them to be unsuitable or unavailable to the proposed conservatee (specify the alternatives considered and the reason or reasons each is unsuitable or unavailable): ☐ Reasons specified in Attachment 5.

a. Voluntary acceptance of informal or formal assistance (give reason this is unsuitable or unavailable):

b. Special or limited power of attorney (give reason this is unsuitable or unavailable):

c. General power of attorney (give reason this is unsuitable or unavailable):

d. Durable power of attorney for ☐ health care ☐ estate management (give reason this is unsuitable or unavailable):

e. Trust (give reason this is unsuitable or unavailable):

f. Other alternatives considered (specify and give reason each is unsuitable or unavailable):

6. SERVICES PROVIDED* (complete a or b, or both a and b)

a. ☐ During the year before this petition was filed,

(1) **health services** ☐ were provided ☐ were not provided to the proposed conservatee (explain):

☐ Explained in Attachment 6a(1).

(2) **social services** ☐ were provided ☐ were not provided to the proposed conservatee (explain):

☐ Explained in Attachment 6a(2).

* If this item is not applicable, complete item 8.

(Continued on page four)

CONFIDENTIAL

CONSERVATORSHIP OF (Name): _____	CASE NUMBER: _____
PROPOSED CONSERVATEE	

6. a. (continued)

- (3) **estate management assistance** ☐ was provided ☐ was not provided to the proposed conservatee (explain):
☐ Explained in Attachment 6a(3).

- b. ☐ Petitioner has **no knowledge** of what ☐ social services ☐ health services ☐ estate management assistance was provided to the proposed conservatee during the year before this petition was filed. Petitioner has no reasonable means of determining what services were provided.

7. SUPPORTING FACTS (AFFIDAVITS) The information provided above is stated

- a. Item 1: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 1a.
b. Item 2: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 2a.
c. Item 3: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 3a.
d. Item 4: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 4a.
e. Item 5: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 5a.
f. Item 6: ☐ on petitioner's own knowledge ☐ in an affidavit (declaration) by another person attached as Attachment 6a.

8. ITEMS NOT APPLICABLE The following items on this form were not applicable to the proposed conservatee:

- ☐ 2 ☐ 3 ☐ 4b ☐ 4c ☐ 5 ☐ 6 (specify reasons each item is not applicable):
☐ Reasons specified in Attachment 8.

9. Number of pages attached: _____

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

1. You are hereby cited and required to appear at a hearing in this court on

a. Date: _____ Time: _____ Dept.: _____ Room: _____

Date: _____ Clerk, by _____, Deputy

(SEAL)



TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

☐ GUARDIANSHIP ☐ CONSERVATORSHIP OF THE ☐ PERSON ☐ ESTATE
OF (Name):

☐ MINOR ☐ (PROPOSED) CONSERVATEE

NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP

CASE NUMBER:

This notice is required by law.

This notice does not require you to appear in court, but you may attend the hearing if you wish.

1. NOTICE is given that (name):
(representative capacity, if any):
has filed (specify):

2. You may refer to documents on file in this proceeding for more information. (Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.)

3. ☐ The petition includes an application for the independent exercise of powers by a guardian or conservator under
☐ Probate Code section 2108 ☐ Probate Code section 2590.
Powers requested are ☐ specified below ☐ specified in Attachment 3.

4. A HEARING on the matter will be held as follows:

a. Date: _____ Time: Dept.: Room:

b. Address of court ☐ same as noted above ☐ is (specify):

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



<input type="checkbox"/> ESTATE <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> MATTER OF (Name): _____	CASE NUMBER: _____
--	--------------------

ATTACHMENT TO NOTICE OF HEARING PROOF OF SERVICE BY MAIL

(This Attachment is for use with forms DE-120 and GC-020.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

No.	<u>Name of person served</u>	<u>Address (number, street, city, state, and zip code)</u>
—		
—		
—		
—		
—		
—		
—		
—		
—		
—		
—		
—		
—		

<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE </div>	CASE NUMBER: _____
--	--------------------

PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP

(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing—Guardianship or Conservatorship for each person who personally served a copy of the Notice.)

1. I am over the age of 18 and not a party to this cause.
2. I served the attached *Notice of Hearing—Guardianship or Conservatorship* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
3. ☐ I served with the attached *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
4. ☐ I served with the attached *Notice of Hearing—Guardianship or Conservatorship* copies of the following documents (*specify*):

☐ Continued on Attachment 4.

5. I am (*check all that apply*):
 - a. ☐ not a registered California process server.
 - b. ☐ a California sheriff or marshal.
 - c. ☐ a registered California process server.
 - d. ☐ an employee or independent contractor of a registered California process server.
 - e. ☐ exempt from registration (Bus. & Prof. Code, § 22350(b)).
6. My name, address, telephone number, and, if applicable, county of registration and number, are (*specify*):

NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE

	<u>Name</u>	<u>Address where served (number, street, city, and state)</u>	<u>Date and time service made</u>
1.			Date: _____ Time: _____
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____

- ☐ List of names and addresses of persons personally served by the undersigned continued on an attachment.
(You may use Attachment to Notice of Hearing Proof of Personal Service, form DE-120(PA)/GC-020(PA), for this purpose.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(For California sheriff or marshal use only)
I certify that the foregoing is true and correct

Date: _____

▶ _____
 (SIGNATURE)

▶ _____
 (SIGNATURE)

<input type="checkbox"/> ESTATE <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> MATTER OF _____ (Name): _____	CASE NUMBER: _____
--	--------------------

ATTACHMENT TO NOTICE OF HEARING PROOF OF PERSONAL SERVICE

(This Attachment is for use with forms DE-120(P) and GC-020(P).)

NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE

No.	<u>Name</u>	<u>Address where served (number, street, city, and state)</u>	<u>Date and time service made</u>
—			Date: _____ Time: _____
—			Date: _____ Time: _____
—			Date: _____ Time: _____
—			Date: _____ Time: _____
—			Date: _____ Time: _____
—			Date: _____ Time: _____
—			Date: _____ Time: _____
—			Date: _____ Time: _____
—			Date: _____ Time: _____
—			Date: _____ Time: _____
—			Date: _____ Time: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 3855 – F ALAMO ST. SIMI VALLEY, CA 93063-2110		
PLAINTIFF/PETITIONER DEFENDANT/RESPONDENT		
DECLARATION RE EX PARTE NOTICE Dom. Violence Restraining Order Civil Harassment Restraining order Custody / Other		CASE NUMBER:

1. I informed the other party in this action that an emergency order would be sought as follows:

Person informed: (Name) _____ Date and time informed: _____

How Informed:

By telephone to the _____ party _____ attorney at (Telephone Number) _____

By leaving a message with (Name) _____ at (Telephone Number) _____
 relationship to party: _____

By leaving a message on voicemail of the party at (Telephone Number) _____

By personally informing:

the party

another person (name) _____ Relationship to party: _____

Other: _____

2. I informed the person listed above that an order would be sought in the Superior Court of Ventura County at

800 South Victoria Ave., Ventura

3855-F Alamo St., Simi Valley on:

Date: _____ **Time:** _____ **Courtroom:** _____

3. I told him/her that the orders requested included, but were not limited to:

Domestic Violence Restraining Orders with _____ move-out orders _____ custody orders _____

Civil Harassment Restraining Orders

Custody / visitation orders, specifically: _____

Other _____

and that he/she should appear at the above time and place if he/she wished to be heard by the court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

 Signature of Declarant

DECLARATION RE: EX PARTE NOTICE - NO NOTICE GIVEN

Dom. Violence Restraining Order

Civil Harassment Restraining order

Custody / Other

Instructions: Notice must be given for all Ex Parte requests unless the person requesting the order can establish exceptional circumstances to excuse notice.

1. I, _____, am requesting Ex Parte orders as stated below. I am requesting that notice be excused in this matter.

2. Ex Parte hearing is set at **800 South Victoria Ave., Ventura**
3855-F Alamo St , Simi Valley

on: Date: _____ **Time:** _____ **Courtroom:** _____

3. I am requesting the following orders:

Domestic Violence Restraining Orders with _____ move-out orders _____ custody orders

Civil Harassment Restraining Orders

Custody / visitation orders, specifically: _____

Other _____

4. Notice should be excused because (provide details as to why the other party should not be told, in advance, of your request for emergency orders)

I do not have any way to give notice to the other party because: _____

If notice is given, I, or the children, will suffer immediate harm, specifically: _____

Giving notice would frustrate the purpose of this order because: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

Signature of Declarant

1. The petition for appointment of ☐ successor conservator came on for hearing as follows
(check boxes c, d, e, and f or g to indicate personal presence):

a. Judicial Officer (name): _____

b. Hearing date: _____ Time: _____ ☐ Dept.: _____ ☐ Room: _____

c. ☐ Petitioner (name): _____

d. ☐ Attorney for petitioner (name): _____

e. ☐ Attorney for ☐ person cited ☐ the conservatee on petition to appoint successor conservator:
(Name): _____ (Telephone): _____
(Address): _____

f. ☐ Person cited was ☐ present. ☐ unable to attend. ☐ able but unwilling to attend. ☐ out of state.

g. ☐ The conservatee on petition to appoint successor conservator was ☐ present. ☐ not present.

2. All notices required by law have been given.
3. (Name):
 - a. ☐ is unable properly to provide for his or her personal needs for physical health, food, clothing, or shelter.
 - b. ☐ is substantially unable to manage his or her financial resources or to resist fraud or undue influence.
 - c. ☐ has voluntarily requested appointment of a conservator and good cause has been shown for the appointment.
4. The conservatee
 - a. ☐ is an adult.
 - b. ☐ will be an adult on the effective date of this order.
 - c. ☐ is a married minor.
 - d. ☐ is a minor whose marriage has been dissolved.
5. ☐ There is no form of medical treatment for which the conservatee has the capacity to give an informed consent.
☐ The conservatee is an adherent of a religion defined in Probate Code section 2355(b).
6. ☐ Granting the ☐ successor conservator powers to be exercised independently under Probate Code section 2590 is to the advantage and benefit and in the best interest of the conservatorship estate.
7. ☐ The conservatee is not capable of completing an affidavit of voter registration.
8. ☐ The conservatee has dementia as defined in Probate Code section 2356.5, and the court finds all other facts required to make the orders specified in item 27.

Page 1 of 3

CONSERVATORSHIP OF (Name): _____	CASE NUMBER: _____
CONSERVATEE	

9. ☐ Attorney (name): _____ has been appointed by the court as legal counsel to represent the conservatee in these proceedings. The cost for representation is: \$
The conservatee has the ability to pay ☐ all ☐ none ☐ a portion of this sum (specify): \$
10. ☐ The conservatee need not attend the hearing.
11. ☐ The appointed court investigator is (name): _____
(Address and telephone): _____
12. ☐ (For limited conservatorship only) The limited conservatee is developmentally disabled as defined in Probate Code section 1420.
13. ☐ The ☐ successor conservator is a private professional conservator as defined by Probate Code section 2341 who has filed with the court the confidential statement required by Probate Code section 2342.
14. The ☐ successor conservator (check a or b):
- a. ☐ is currently registered with the Statewide Registry of Private Conservators, Guardians, and Trustees maintained by the California Department of Justice under Probate Code sections 2850–2855.
- b. ☐ is exempt from statewide registration under Probate Code sections 2850–2855.
15. (Either a, b, or c must be checked):
- a. ☐ The ☐ successor conservator is not the spouse of the conservatee.
- b. ☐ The ☐ successor conservator is the spouse of the conservatee and is not a party to an action or proceeding against the conservatee for legal separation, dissolution, annulment, or adjudication of nullity of their marriage.
- c. ☐ The ☐ successor conservator is the spouse of the conservatee and is a party to an action or proceeding against the conservatee for legal separation, dissolution, annulment, or adjudication of nullity of their marriage. It is in the best interests of the conservatee to appoint the spouse as ☐ successor conservator.
16. (Either a, b, or c must be checked):
- a. ☐ The ☐ successor conservator is not the domestic partner or former domestic partner of the conservatee.
- b. ☐ The ☐ successor conservator is the domestic partner of the conservatee and has neither terminated nor intends to terminate their domestic partnership.
- c. ☐ The ☐ successor conservator is the domestic partner or former domestic partner of the conservatee and intends to terminate or has terminated their domestic partnership. It is in the best interest of the conservatee to appoint the domestic partner or former domestic partner as ☐ successor conservator.

THE COURT ORDERS

17. a. (Name): _____ (Telephone): _____
(Address): _____
- is appointed** ☐ successor ☐ conservator ☐ limited conservator of the PERSON of (name): _____
and Letters of Conservatorship shall issue upon qualification.
- b. (Name): _____ (Telephone): _____
(Address): _____
- is appointed** ☐ successor ☐ conservator ☐ limited conservator of the ESTATE of (name): _____
and Letters of Conservatorship shall issue upon qualification.
18. ☐ The conservatee need not attend the hearing.
19. a. ☐ Bond is not required.
- b. ☐ Bond is fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by law.
- c. ☐ Deposits of: \$ _____ are ordered to be placed in a blocked account at (specify institution and location): _____
- and receipts shall be filed. No withdrawals shall be made without a court order.
☐ Additional orders in Attachment 19c.
- d. ☐ The ☐ successor conservator is not authorized to take possession of money or any other property without a specific court order.

CONSERVATORSHIP OF (Name): _____	CASE NUMBER: _____
CONSERVATEE	

20. ☐ For legal services rendered, ☐ conservatee ☐ conservatee's estate ☐ parents of the minor ☐ minor's estate shall pay to (name): _____ the sum of: \$ _____
☐ forthwith ☐ as follows (specify terms, including any combination of payors): _____

- ☐ Continued in Attachment 20.
21. ☐ The conservatee is disqualified from voting.
22. ☐ The conservatee lacks the capacity to give informed consent for medical treatment and the ☐ successor conservator of the person is granted the powers specified in Probate Code section 2355.
☐ The treatment shall be performed by an accredited practitioner of a religion as defined in Probate Code section 2355(b).
23. ☐ The ☐ successor conservator of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in Attachment 23 ☐ subject to the conditions provided.
24. ☐ Orders relating to the capacity of the conservatee under Probate Code sections 1873 or 1901 as specified in Attachment 24 are granted.
25. ☐ Orders relating to the powers and duties of the ☐ successor conservator of the person under Probate Code sections 2351–2358 as specified in Attachment 25 are granted. (*Do not include orders under Probate Code section 2356.5 relating to dementia.*)
26. ☐ Orders relating to the conditions imposed under Probate Code section 2402 on the ☐ successor conservator of the estate as specified in Attachment 26 are granted.
27. ☐ a. ☐ The ☐ successor conservator of the person is granted authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b).
b. ☐ The ☐ successor conservator of the person is granted authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).
28. ☐ Other orders as specified in Attachment 28 are granted.
29. ☐ The probate referee appointed is (name and address): _____

30. ☐ (*For limited conservatorship only*) Orders relating to the powers and duties of the ☐ successor limited conservator of the person under Probate Code section 2351.5 as specified in Attachment 30 are granted.
31. ☐ (*For limited conservatorship only*) Orders relating to the powers and duties of the ☐ successor limited conservator of the estate under Probate Code section 1830(b) as specified in Attachment 31 are granted.
32. ☐ (*For limited conservatorship only*) Orders limiting the civil and legal rights of the limited conservatee as specified in Attachment 32 are granted.
33. ☐ This order is effective on the ☐ date signed ☐ date minor attains majority (specify): _____
34. Number of boxes checked in items 17–33: _____
35. Number of pages attached: _____

Date: _____

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

☐ After recording return to:

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CONSERVATORSHIP OF (Name):

FOR RECORDER'S USE ONLY

CONSERVATEE

CASE NUMBER:

LETTERS OF CONSERVATORSHIP

☐ Person ☐ Estate ☐ Limited Conservatorship

FOR COURT USE ONLY

1. ☐ (Name): _____ is the appointed
☐ conservator ☐ limited conservator of the ☐ person ☐ estate
of (name): _____
2. ☐ (For conservatorship that was on December 31, 1980, a guardianship of an adult
or of the person of a married minor) (Name): _____
was appointed the guardian of the ☐ person ☐ estate by order
dated (specify): _____ and is now the conservator of
the ☐ person ☐ estate of (name): _____
3. ☐ Other powers have been granted or conditions imposed as follows:
 - a. ☐ Exclusive authority to give consent for and to require the conservatee to
receive medical treatment that the conservator in good faith based on
medical advice determines to be necessary even if the conservatee
objects, subject to the limitations stated in Probate Code section 2356.
(1) ☐ This treatment shall be performed by an accredited practitioner
of the religion whose tenets and practices call for reliance on
prayer alone for healing of which the conservatee was an adherent prior to the establishment of the
conservatorship.
(2) ☐ (If court order limits duration) This medical authority terminates on (date): _____
 - b. ☐ Authority to place conservatee in a care or nursing facility described in Probate Code section 2356.5(b).
 - c. ☐ Authority to authorize the administration of medications appropriate for the care and treatment of dementia described
in Probate Code section 2356.5(c).
 - d. ☐ Powers to be exercised independently under Probate Code section 2590 as specified in Attachment 3d (specify
powers, restrictions, conditions, and limitations).
 - e. ☐ Conditions relating to the care and custody of the property under Probate Code section 2402 as specified in Attach-
ment 3e.
 - f. ☐ Conditions relating to the care, treatment, education, and welfare of the conservatee under Probate Code section
2358 as specified in Attachment 3f.
 - g. ☐ (For limited conservatorship only) Powers of the limited conservator of the person under Probate Code section
2351.5 as specified in Attachment 3g.
 - h. ☐ (For limited conservatorship only) Powers of the limited conservator of the estate under Probate Code section
1830(b) as specified in Attachment 3h.
 - i. ☐ Other (specify): _____

(SEAL)

4. ☐ The conservator is **not** authorized to take possession of money or any other property without a
specific court order.

5. Number of pages attached: _____

WITNESS, clerk of the court, with seal of the court affixed.

Date: _____

Clerk, by _____, Deputy

Page 1 of 2

This form may be recorded as notice of the establishment of a conservatorship of the estate as provided in Probate Code section 1875.

CONSERVATORSHIP OF <i>(Name)</i> : _____	CASE NUMBER: _____
CONSERVATEE	

LETTERS OF CONSERVATORSHIP

AFFIRMATION

I solemnly affirm that I will perform according to law the duties of ☐ conservator ☐ limited conservator.

Executed on *(date)*: _____, at *(place)*: _____



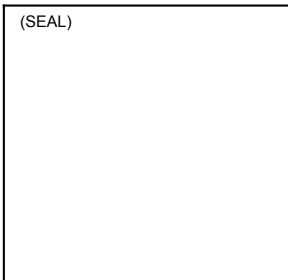
(SIGNATURE OF APPOINTEE)

CERTIFICATION

I certify that this document and any attachments is a correct copy of the original on file in my office, and that the letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

Date: _____ Clerk, by _____, Deputy

(SEAL)



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr style="width: 10%; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
TEMPORARY CONSERVATORSHIP OF (Name): _____	CASE NUMBER: _____
PETITION FOR APPOINTMENT OF TEMPORARY CONSERVATOR <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate </div>	HEARING DATE: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> DEPT.: _____ TIME: _____ </div>

1. **Petitioner (name each):**

requests that

- a. (Name): _____
 (Address and telephone number): _____
 be appointed temporary conservator of the PERSON of the proposed conservatee and Letters issue upon qualification.
- b. (Name): _____
 (Address and telephone number): _____
 be appointed temporary conservator of the ESTATE of the proposed conservatee and Letters issue upon qualification.
- c. (1) ☐ bond not be required because petition is for a temporary conservatorship of the person only.
 (2) ☐ bond not be required for the reasons stated in attachment 1c.
 (3) ☐ \$ _____ bond be fixed. It will be furnished by an admitted surety insurer or as otherwise provided by law.
 (Specify reasons in attachment 1c if the amount is different from maximum required by Probate Code section 2320 and Cal. Rules of Court, rule 7.207(c).)
 (4) ☐ \$ _____ in deposits in a blocked account be allowed. Receipts will be filed.
 (Specify institution and location): _____
- d. ☐ a request for an exception to notice of the hearing on this petition for good cause is filed with this petition.
- e. ☐ the powers specified in Attachment 1e be granted in addition to the powers provided by law.
- f. ☐ other orders be granted (specify in attachment 1f).

2. **The proposed conservatee is (name):**

Current address: _____

Current telephone no.: _____

3. **The proposed conservatee requires a temporary conservator to** ☐ **provide for temporary care, maintenance, and support**
☐ **protect property from loss or injury** because (facts are ☐ *specified in attachment 3* ☐ *as follows*):

TEMPORARY CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

4. **Temporary conservatorship is required**

- a. ☐ pending the hearing on the petition for appointment of a general conservator.
 b. ☐ pending the appeal under Probate Code section 1301.
 c. ☐ during the suspension of powers of the conservator.

5. ☐ **Character and estimated value of the property of the estate** (complete if a temporary conservatorship of the estate or the person and estate is requested):

- a. Personal property: \$ _____
 b. Annual gross income from all sources, including real and personal property, wages, pensions, and public benefits: \$ _____
 c. Additional amount for cost of recovery on the bond, calculated as required under Cal. Rules of Court, rule 7.207(c): \$ _____
 d. **Total:** \$ _____

6. ☐ **Petitioner requests authority to change the proposed conservatee's residence during the temporary conservatorship**

- a. ☐ Petitioner proposes to change the residence of the proposed conservatee to (address):

The proposed conservatee will suffer irreparable harm if his or her residence is not changed as requested and no means less restrictive of the proposed conservatee's liberty will suffice to prevent the harm because (reasons are ☐ specified in attachment 6a ☐ as follows):

- b. ☐ The proposed conservatee must be removed from the State of California to permit the performance of the following nonpsychiatric medical treatment essential to the proposed conservatee's physical survival. The proposed conservatee consents to this medical treatment. (Facts and place of treatment are ☐ specified in attachment 6b ☐ as follows):

7. ☐ **Petitioner is a professional fiduciary**

- a. Petitioner holds license no. (specify): _____ from the Professional Fiduciaries Bureau of the Department of Consumer Affairs issued or last renewed on (specify later date of initial issuance or renewal): _____
 b. Petitioner was requested to file this petition by (name): _____
 c. The circumstances leading to petitioner's engagement to file this petition are described in attachment 7c.
 d. Petitioner had: (1) ☐ No relationship to the proposed conservatee, his or her family, or his or her friends before engagement to file this petition.
 (2) ☐ A relationship to the proposed conservatee, his or her family, or his or her friends before engagement to file this petition. That relationship is described in ☐ attachment 7d. ☐ the *Petition for Appointment of Probate Conservator (form GC-310)* filed with this petition or an attachment to that petition (specify attachment to general petition): _____

TEMPORARY CONSERVATORSHIP OF (Name):	CASE NUMBER:
CONSERVATEE	

8. Petitioner's contact with persons named in *Petition for Appointment of Probate Conservator*

- a. ☐ Petitioner is the proposed conservatee. (If this item is selected, go to item 9.)
- b. ☐ Petitioner is not the proposed conservatee. All persons other than the proposed conservatee named in the *Petition for Appointment of Probate Conservator* filed with this petition:
- (1) ☐ Have been found and contacted. All will be given notice of the hearing on this petition.
- (2) ☐ Have not been found or have not been contacted. Efforts to find the persons who have not been found and the reasons why any person cannot be contacted are described in one or more declarations under penalty of perjury attached to this petition as attachment 8b. (Attachment 8b is not a request for a good cause exception to notice. See Prob. Code, § 2250(e) and rule 7.1062 of the Cal. Rules of Court.)
- c. ☐ Petitioner is not the proposed conservatee. Facts showing the preferences of the proposed conservatee concerning the appointment of any temporary conservator, and the appointment of the temporary conservator proposed in this petition, or why it was not feasible to ascertain those preferences, are specified in one or more declarations attached to this petition as attachment 8c.

9. Petitioner is informed and believes that the proposed conservatee

- a. ☐ will attend the hearing.
- b. ☐ is able but unwilling to attend the hearing, does not wish to contest the establishment of a conservatorship, does not object to the proposed conservator, and does not prefer that another person act as conservator.
- c. ☐ is unable to attend the hearing because of medical inability. An affidavit or certificate of a licensed medical practitioner or an accredited religious practitioner is affixed as attachment 9c.
- d. ☐ is not the petitioner, is out of state, and will not attend the hearing.
10. ☐ Filed with this petition is a proposed *Order Appointing Court Investigator* (form GC-330).
11. All attachments to this form are incorporated by this reference as though placed here in this form. There are _____ pages attached to this form.

Date:



(SIGNATURE OF ATTORNEY*)

*** (Signature of all petitioners also required (Prob. Code, § 1020).)**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other (*Specify*):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
TEMPORARY GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	
MINOR	
ORDER APPOINTING TEMPORARY GUARDIAN	CASE NUMBER:
WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.	

1. The petition for appointment of a temporary guardian came on for hearing as follows (check boxes c–l to indicate personal presence):

- a. Judicial officer (name):
- b. Hearing date: _____ Time: _____ ☐ Dept.: _____ ☐ Room: _____
- c. ☐ Petitioner (name):
- d. ☐ Attorney for petitioner (name):
- e. ☐ Minor (name):
- f. ☐ Attorney for minor (name):
- g. ☐ Minor's parents (names):
- h. ☐ Attorney for minor's parents (names):
- i. ☐ Person with valid visitation order (name):
- j. ☐ Attorney for person with valid visitation order (name):
- k. ☐ Public Guardian (name):
- l. ☐ Attorney for Public Guardian (name):

THE COURT FINDS

2. a. ☐ Notice of the time and place of hearing has been given as required by law.
- b. ☐ Notice of the time and place of hearing ☐ has been ☐ should be _____ dispensed with for (names):
3. It is necessary that a temporary guardian be appointed to ☐ provide for temporary care, maintenance, and support
☐ protect property from loss or injury ☐ pending the hearing on the petition for appointment of a general guardian.
☐ pending an appeal under Probate Code section 1301. ☐ during the suspension of powers of the guardian.

THE COURT ORDERS

4. a. ☐ (Name): _____
 (Address): _____ (Telephone): _____
- is appointed temporary guardian of the PERSON of (name): _____
 and Letters shall issue upon qualification.
- b. ☐ (Name): _____
 (Address): _____ (Telephone): _____
- is appointed temporary guardian of the ESTATE of (name): _____
 and Letters shall issue upon qualification.

TEMPORARY GUARDIANSHIP OF (Name): MINOR	CASE NUMBER:
---	--------------

5. ☐ Notice of hearing to the persons named in item 2b is dispensed with.
6. a. ☐ Bond is not required.
- b. ☐ Bond is fixed at: \$ _____ to be furnished by an authorized surety company or as otherwise provided by law.
- c. ☐ Deposits of: \$ _____ are ordered to be placed in a blocked account at *(specify institution and location)*:
- _____ and receipts shall be filed. No withdrawals shall be made without a court order. ☐ Additional orders in attachment 6c.
- d. ☐ The temporary guardian is not authorized to take possession of money or any other property without a specific court order.
7. ☐ In addition to the powers granted by law, the temporary guardian is granted other powers. These powers are specified ☐ in attachment 7. ☐ below *(specify)*:

8. ☐ Other orders as specified in attachment 8 are granted.
9. ☐ Unless modified by further order of the court, this order expires on *(date)*:
10. Number of boxes checked in items 4–9: _____
11. Number of pages attached: _____

Date: _____

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

☐ After recording return to:

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

FOR RECORDER'S USE ONLY

TEMPORARY ☐ GUARDIANSHIP ☐ CONSERVATORSHIP
OF (Name):☐ MINOR ☐ CONSERVATEE

CASE NUMBER:

LETTERS OF TEMPORARY ☐ GUARDIANSHIP ☐ CONSERVATORSHIP
☐ Person ☐ Estate

FOR COURT USE ONLY

LETTERS

1. (Name):

is appointed temporary ☐ guardian ☐ conservator of the ☐ person
☐ estate of (name):2. ☐ Other powers that have been granted or restrictions imposed on the temporary
☐ guardian ☐ conservator are ☐ specified in Attachment 2.
☐ specified below.

3. These Letters shall expire

- a.
- ☐
- on (date): or upon earlier issuance of Letters to a general guardian or conservator.
-
- b.
- ☐
- on other date (specify):

4. ☐ The temporary ☐ guardian ☐ conservator is not authorized to take possession of money or any other property
without a specific court order.

5. Number of pages attached: _____

WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)

Date:

Clerk, by _____, Deputy

This form may be recorded as notice of the establishment of a temporary conservatorship of the estate as provided in Probate Code section 1875.

TEMPORARY <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF _____ (Name): <div style="text-align: right; padding-right: 50px;"> <input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE </div>	CASE NUMBER:
--	--------------

NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS
(Probate Code sections 2890–2893)

When these *Letters of Temporary Guardianship* or *Letters of Temporary Conservatorship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the temporary guardian or temporary conservator of the estate (1) to take possession or control of an asset of the minor or conservatee named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the guardianship or conservatorship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The temporary guardian or temporary conservator should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is www.courtinfo.ca.gov/forms/. Select the form group *Probate—Guardianships and Conservatorships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter (nonfillable form), or may be filled out online and printed out ready for signature and filing (fillable form).

An *institution* under California Probate Code section 2890(c) is an insurance company, insurance broker, insurance agent, investment company, investment bank, securities broker-dealer, investment advisor, financial planner, financial advisor, or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the minor or conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

A *financial institution* under California Probate Code section 2892(b) is a bank, trust (including a Totten trust account but excluding other trust arrangements described in Probate Code section 82(b)), savings and loan association, savings bank, industrial bank, or credit union. Financial institutions must file a *Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box* (form GC-051) for an account or a safe deposit box held by the financial institution. A single form may be filed for all affected accounts or safe deposit boxes held by the financial institution.

LETTERS OF TEMPORARY ☐ GUARDIANSHIP ☐ CONSERVATORSHIP
AFFIRMATION

I solemnly affirm that I will perform according to law the duties of temporary ☐ guardian. ☐ conservator.

Executed on (date): _____, at (place): _____



 (TYPE OR PRINT NAME)

 (SIGNATURE OF APPOINTEE)

CERTIFICATION

I certify that this document, including any attachments, is a correct copy of the original on file in my office and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside and are still in full force and effect.

(SEAL)

Date:

Clerk, by _____, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 3855 – F ALAMO ST. SIMI VALLEY, CA 93063-2110		
CONSERVATORSHIP OF (NAME):		
CONFIRMATION OF VIEWING CONSERVATORSHIP VIDEO (Ventura County Local Rule 10.02A(3))		CASE NUMBER:

This shall confirm that (name of conservator(s)) _____, viewed the video “*With Heart: Understanding Conservatorship*”, pursuant to Rule 10.02A(3) of the Ventura County Rules of Court.

The video was viewed on (date) _____ at the following location:

Ventura Self-Help Legal Access Center

Oxnard Self-Help Legal Access Center

Simi Self-Help Legal Access Center

Law Firm of (name): _____

Address of firm: _____

Other: _____

I am the [proposed] conservator and I certify that I have viewed this video:

Date: _____

Print Name: _____ Signature: _____

Confirmed by: _____ Date: _____
Signature of SHLA Staff or Law Firm Representative

CONFIRMATION OF VIEWING CONSERVATORSHIP VIDEO

**INFORMATION SHEET ON WAIVER
OF COURT FEES AND COSTS
(California Rules of Court, rules 3.50–3.63)**

FW-001-INFO

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or “Passport to Services”
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or “Passport to Services”
Food Stamp Program	Notice of Action or Food Stamp ID Card or “Passport to Services”
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

–OR–

2. Your total gross **monthly household income** is equal to or less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 1,128.13
2	1,517.71
3	1,907.30
4	2,296.88
5	2,686.46

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 3,076.05
7	3,465.63
8	3,855.21
Each additional person	389.59

–OR–

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (form FW-001) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under “Attorneys”).

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

Page 1 of 1

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
APPLICATION FOR WAIVER OF COURT FEES AND COSTS	
CASE NUMBER: _____	

I request a court order so that I do not have to pay court fees and costs.

1. a. ☐ I am **not** able to pay any of the court fees and costs.
 b. ☐ I am able to pay **only** the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

3. a. My occupation, employer, and employer's address are (specify):
 b. My spouse's occupation, employer, and employer's address are (specify):

4. ☐ I am receiving financial assistance under one or more of the following programs:
 - a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
 - b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 - c. ☐ **Food Stamps:** The Food Stamp Program
 - d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**
5. If you checked box 4, you must check and complete **one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.**
 - a. ☐ (Optional) My Medi-Cal number is (specify):
 - b. ☐ (Optional) My social security number is (specify):

- - and my date of birth is (specify):

[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]
 - c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.

[See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☐ My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

[if you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. **[If you check this box, you must complete the back of this form.]**

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: _____

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]**

9. MY MONTHLY INCOME

a. My gross monthly pay is: \$ _____

b. **My payroll deductions are (specify purpose and amount):**

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____

My TOTAL payroll deduction amount is: \$ _____

c. My monthly take-home pay is
 (a. minus b.): \$ _____

d. Other money I get each month is (specify **source and amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____

The TOTAL amount of other money is: \$ _____
 (If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS

(c. plus d.): \$ _____

f. Number of persons living in my home: _____
 Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____

The TOTAL amount of other money is: \$ _____
 (If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

(a. plus d. plus f): \$ _____

10. I own or have an interest in the following property:

a. Cash \$ _____

b. Checking, savings, and credit union accounts (list banks):

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____

10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\$ _____

11. My monthly expenses not already listed in item 9b above are the following:

a. Rent or house payment & maintenance \$ _____
 b. Food and household supplies \$ _____
 c. Utilities and telephone \$ _____
 d. Clothing \$ _____
 e. Laundry and cleaning \$ _____
 f. Medical and dental payments \$ _____
 g. Insurance (life, health, accident, etc.) \$ _____
 h. School, child care \$ _____
 i. Child, spousal support (prior marriage) \$ _____
 j. Transportation and auto expenses (insurance, gas, repair) \$ _____
 k. Installment payments (specify **purpose and amount**):

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 The TOTAL amount of monthly installment payments is: \$ _____

- l. Amounts deducted due to wage assignments and earnings withholding orders: \$ _____

- m. Other expenses (specify):

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____
 (5) _____ \$ _____

The TOTAL amount of other monthly expenses is: \$ _____

n. MY TOTAL MONTHLY EXPENSES ARE

(add a. through m.): \$ _____

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER:
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	

1. The application was filed on (date): _____ ☐ A previous order was issued on (date): _____
2. The application was filed by (name): _____
3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).
 - a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 3.61, is **waived**.
 - b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 3.61, EXCEPT the following:

(1) <input type="checkbox"/> Filing papers.	(6) <input type="checkbox"/> Sheriff and marshal fees.
(2) <input type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1 (c)).
(4) <input type="checkbox"/> Transmittal of papers.	(9) <input type="checkbox"/> Other (specify code section): _____
(5) <input type="checkbox"/> Court-appointed interpreter.	

Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
 - c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
 (1) ☐ Pay (specify): _____ percent. (2) ☐ Pay: \$ _____ per month or more until the balance is paid.
 - d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
 - e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
 - f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rules 3.50–3.63):
 - a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
 - b. ☐ Other (Complete line 4b on page 2).
 - c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a **hearing** be held.
 - a. The substantial evidentiary conflict to be resolved by the hearing is (specify): _____
 - b. The applicant should appear in this court at the following hearing to help resolve the conflict:

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
 - c. The address of the court is (specify):
☐ Same as above
 - d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: _____ ☐ Clerk, by _____, Deputy

JUDICIAL OFFICER

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rule of Court, rules 3.56.)

Page 1 of 2

PLAINTIFF/PETITIONER (Name): _____	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b ☐ Application is denied in whole or in part (*specify reasons*):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at
(place): _____, California,
on (date): _____

Clerk, by _____, Deputy

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-314

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
CONSERVATORSHIP OF (Name): PROPOSED CONSERVATEE		CASE NUMBER:	
CONFIDENTIAL CONSERVATOR SCREENING FORM Conservatorship of <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Limited Conservatorship		HEARING DATE AND TIME:	DEPT.:

The proposed conservator must complete and sign this form. The person requesting appointment of a conservator must submit the completed and signed form to the court with the conservatorship petition.
This form must remain confidential.

How This Form Will Be Used

This form is **confidential** and will not be a part of the public file in this case. Each proposed conservator must complete and sign a separate copy of this form under rule 7.1050 of the California Rules of Court. The information provided in this form will be used by the court and by the persons and agencies designated by the court to assist the court in determining whether to appoint the proposed conservator as conservator. The proposed conservator **must** respond to each item.

1. a. **Proposed conservator (name):**
b. Date of birth:
c. Social security number: d. Driver's license number: State:
e. Telephone numbers: Home: Work: Other:
2. a. ☐ I am related to the proposed conservatee as (specify relationship):
b. ☐ I have personally known the proposed conservatee for: years, months.
3. ☐ I was ☐ I was not nominated as conservator of the ☐ person ☐ estate of the proposed conservatee, by ☐ the proposed conservatee. ☐ the spouse or registered domestic partner of the proposed conservatee. ☐ a parent of the proposed conservatee. (If you checked "I was," provide documentation in Attachment 3.)
4. a. ☐ I am the spouse of the proposed conservatee. ☐ I have ☐ I have not filed for legal separation, dissolution of marriage, annulment, or adjudication of nullity of the marriage. (If you checked "I have," explain in Attachment 4.)
b. ☐ I am not the spouse of the proposed conservatee.
5. a. ☐ I am the registered domestic partner of the proposed conservatee. ☐ I do not ☐ I do intend to terminate my domestic partnership with the proposed conservatee. (If you checked "I do," explain in Attachment 5.)
b. ☐ I am a former domestic partner of the proposed conservatee. My domestic partnership with the proposed conservatee was terminated on (date): . (Explain circumstances in Attachment 5.)
c. ☐ I am neither a current nor former domestic partner of the proposed conservatee.
6. a. ☐ I do ☐ I do not owe money or have a financial obligation to the proposed conservatee. (If you checked "I do," explain in Attachment 6.)
b. The proposed conservatee ☐ does ☐ does not owe money or have a financial obligation to me. (If you checked "does," explain in Attachment 6.)
c. ☐ I am ☐ I am not an agent for a creditor of the proposed conservatee. (If you checked "I am," explain in Attachment 6.)

Page 1 of 2

CONSERVATORSHIP OF <i>(Name):</i> <div style="text-align: right; padding-right: 20px;">PROPOSED CONSERVATEE</div>	CASE NUMBER:
--	----------------------

7. ☐ I have ☐ I have not filed for bankruptcy protection within the last 10 years. *(If you checked "I have," explain in Attachment 7.)*
8. ☐ I have ☐ I have not been convicted of a felony or had a felony expunged from my record. *(If you checked "I have," explain in Attachment 8.)*
9. ☐ I have ☐ I have not been charged with, arrested for, or convicted of embezzlement, theft, or any other crime involving the taking of property. *(If you checked "I have," explain in Attachment 9.)*
10. ☐ I have ☐ I have not been charged with, arrested for, or convicted of a crime involving fraud, conspiracy, or misrepresentation of information. *(If you checked "I have," explain in Attachment 10.)*
11. ☐ I have ☐ I have not been charged with, arrested for, or convicted of any form of elder abuse or neglect. *(If you checked "I have," explain in Attachment 11.)*
12. ☐ I have ☐ I have not had a restraining order or protective order filed against me in the last 10 years. *(If you checked "I have," explain in Attachment 12.)*
13. ☐ I am ☐ I am not required to register as a sex offender under California Penal Code section 290. *(If you checked "I am," explain in Attachment 13.)*
14. ☐ I have ☐ I have not previously been appointed conservator, executor, or fiduciary in another proceeding. *(If you checked "I have," explain in Attachment 14.)*
15. ☐ I have ☐ I have not been removed or resigned as a conservator, guardian, executor, or fiduciary in any other case. *(If you checked "I have," explain in Attachment 15.)*
16. ☐ I have or may have ☐ I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of conservator. *(If you checked "I have or may have," explain in Attachment 16.)*
17. ☐ I am ☐ I am not a private professional conservator, as defined in Probate Code section 2341.
 ☐ I have ☐ I have not filed with the court the information statement required by Probate Code section 2342. *(If you checked "I am" and "I have not," explain in Attachment 17.)*
18. ☐ I am ☐ I am not currently registered with the Statewide Registry of Conservators/Guardians/Trustees maintained by the California Department of Justice under Probate Code sections 2850–2855.
 My current registration will expire on *(date):*
 (If you checked "I am not," explain why you are not registered in Attachment 18.)
19. ☐ I am ☐ I am not a responsible corporate officer authorized to act for *(name of corporation):*

 a California nonprofit charitable corporation that meets the requirements for appointment as conservator of the proposed conservatee under Probate Code section 2104. I certify that the corporation's articles of incorporation specifically authorize it to accept appointments as conservator. *(If you checked "I am," explain the circumstances of the corporation's care of, counseling of, or financial assistance to the proposed conservatee in Attachment 19.)*
20. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?
 ☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 20 and provide the name, address, and telephone number of each social worker, parole officer, or probation officer.)*

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ (TYPE OR PRINT NAME OF PROPOSED CONSERVATOR)	<div style="display: inline-block; width: 20px; height: 20px; background: black; transform: rotate(45deg); margin: 0 auto;"></div> _____ (SIGNATURE OF PROPOSED CONSERVATOR)*
---	--

*Each proposed conservator must fill out and file a separate screening form.